

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$48.00 for date of service, 07/13/01.
- b. The request was received on 07/09/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA(s)
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Copy of TWCC Medical Fee Guideline, pages 63 & 179
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 08/15/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 08/16/02. The response from the insurance carrier was received in the Division on 08/21/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/09/02

“An MDR is being requested on the above mentioned injured employee. We have sent in several requests to have the claims processed with no response. Therefore, we do not have the EOB’s for the claims in dispute. The last request for reconsideration was sent on June 13, 2002. It is now past the 21 day deadline in accordance with TWCC Rule 133.304. We spoke with a supervisor in the MDR Department (TWCC representative), and he said we could send a copy of our notes showing where claims had been sent out to the insurance company. I have enclosed a copy of our notes from the file showing our efforts to get these claims processed. I have also enclosed a copy of the return receipt where they received our request.”

2. Respondent: Letter dated 08/21/02

“Regarding the medical dispute resolution indicated above – (Carrier’s) position is that (Requestor) is not entitled to reimbursement for CPT 99213 on 7-13-01, because he charged CPT 64500 on 7-6-01 and 7-9-01. CPT 64550 has 30 follow-up days as outlined in the surgery section of the Medical Fee Guideline. The applicable pages are being faxed from the MFG, along with the relevant eobs.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 07/13/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$48.00 for services rendered on the date above.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date above.
5. The Requestor states they did not receive an EOB for the date of service. However, the Carrier did submit relevant EOBs as required by TWCC Rule 133.307 (j) (1). Carrier’s EOBs deny reimbursement as, “G – 30 FOLLOW-UP DAYS TO CPT 64550 CHARGED 7/6/01”.
6. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$48.00 for services rendered on the date above.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
07/13/01	99213	\$48.00	\$0.00	G	\$48.00	MFG; E/M GR (IV) (c); SGR (A) (I) (c); CPT Descriptor	Carrier has submitted EOBs indicating the Requestor charged for CPT code 64550 on 07/06/01 and again on 07/09/01. Pursuant to the MFG, "The number of consecutive post-operative follow-up days allowed is listed in the column titled FUD adjacent to the MAR column for the specific surgical code. The number of follow-up days allowed is the FUD for the primary procedure." CPT code 64550 has 30 follow-up days. The Requestor billed for CPT code 99213 within the FUD. Therefore, no reimbursement is recommended.
Totals		\$48.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 5th day of December 2002.

Denise Terry
 Medical Dispute Resolution Officer
 Medical Review Division

DT/dt